



Annual 2008 VA/DoD Joint Venture Conference Federal Health Care Center Great Lakes

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Captain James A. Lovell Federal Health Care Center 2010

Naval Service
Training Command

Zachary and Elizabeth
Fisher Branch Health Clinic

Current
Naval Health Clinic
Great Lakes

Navy Recruit Training Command

USS Osborne

USS Tranquility

USS Red Rover

VA Clinics

Evanston, IL
McHenry, IL
Kenosha, WI

Current
North Chicago Veterans Affairs
Medical Center

Rosalind Franklin
University
of Medicine
and Science

New Ambulatory
Care Center

New Surface Parking

New Parking Structure



Site Comparisons



Naval Health Clinic Great Lakes

- Established 1911 (Current building dedicated 1960)
- Current catchment area: 67K beneficiaries and 49K recruits/students
- 22 Med/Surg/Peds Inpatient beds prior to JUN 06
- More than 600,000 outpatient / 187,000 dental visits FY07
- 1,531 employees (active duty and civilian)
- Annual budget FY 07: \$103M and \$72M military pay
- Redesignated Naval Health Clinic 01 JUN 06 - OR/ER/Inpatient services moved to North Chicago VAMC

North Chicago VAMC

- Established 1926
- Current catchment area: 79K beneficiaries
- 397 inpatient beds:
 - 59 Acute
 - 195 Nursing Home
 - 105 Domiciliary
 - 38 Psych Residential Rehab
- 243,000 outpatient visits FY07
- 1,269 employees
- Annual budget FY07: \$180M
- Recent Construction
 - Main Hospital- Major renovations: 1992, 1996
 - Modernization Acute Psychiatry: 1996, 2006
 - Construction of (4) new OR's, renovation of existing OR's and expansion of existing Emergency Room: 2006



Sharing Relationship

October 2003

- Inpatient Mental Health transferred
- Reimbursement methodology:
 - As TRICARE Network Provider Status
- Local VA/DoD Working group chartered
- Multi-disciplinary

December 2004

- DoD Blood Donor Processing Center transferred
- Reimbursement methodology:
 - Navy leases VA laboratory space
 - VA purchases blood

Network Relationship

January 2005

- \$13M NCVAMC Project**
- Construction of 4 new Operating Rooms
 - Renovated 4 existing Operating Rooms
 - Expansion of existing Emergency Department

June 2006

- Transfer of inpatient med/surg/pediatric
 - Professional services by Navy Physicians for Surgery and Pediatrics
- Transfer of operating room
- Transfer of ICU
- Transfer of ER service

Federal Health Care Center

FY2007

- Navy construction project began 2 JUL 2007:**
- Surface parking (staff) completed December 2007

FY2008

- Begin parking structure supporting facilities (electricity, water, sewer, etc.)
- Renovate 45,000 square foot existing NCVAMC spaces
- Begin 201,000 square foot ambulatory care center

Fall 2010



Preliminary Cost Benefit Review



- Phase 1
 - **Mental Health operations average savings \$1,000,000 annually**
 - **Navy Blood Bank Cost avoidance of \$ 850K to \$3.1M**
- Phase 2
 - **ICU/CCU operations reduced total costs by \$920,000**
 - **NCVAMC quality, patient satisfaction, and rate of adverse events have stayed the same or improved in Phase 1 and 2**
- Phase 3
 - **Determining the cost avoidance/cost savings achieved thru FHCC partnership (construction and operations)**
- Lessons Learned



Cultural Transformation



- **Joint Strategic Planning**
 - Annual Conferences
 - Leadership Management Council
 - National and Local Functional Task Groups
- **Joint Training Plan**
 - Develop VA/DoD leaders for the challenge of 2010.
 - Identify VA/DoD leadership competencies.
 - Develop a comprehensive individualized needs based training program.
- **National Center for Organizational Development (NCOD)**
 - Pre & post Phase II assessment
 - Employee/ patient focus groups
 - Blending cultures / Off-site retreat
- **Communications Plan**
 - Website
 - Newsletter
 - All Employees meetings



What is Successful



Surgical services has been one of our successful sharing arrangements. As part of a \$13M NCVAMC project:

- Construction of 4 new Operating Rooms
- Renovation of 4 existing Operating Rooms



What makes it Successful



- The success of Surgical services has been attributed to several key factor:
 - State of the art Surgical center
 - Professional environment
 - Co-staffing of DOD/VA Physicians
 - New product line for NCVAMC
 - Broadened surgical skills for surgeons
 - Better patient flow *"One stop shopping"*



Phase I & II FY07 Workload



- Emergency Department

DoD 14,469 visits
VA 6,802 visits

- Surgery

DoD 924 unique operations
VA 984 unique operations

- Inpatient Bed Days of Care/ Occupied Bed Days

	MH	Med	CCU	Surg	Total
DoD	5160	1410	258	428	7183
VA	9302	5320	1873	300	16961

VA/DoD Phase 2 Surgical Team



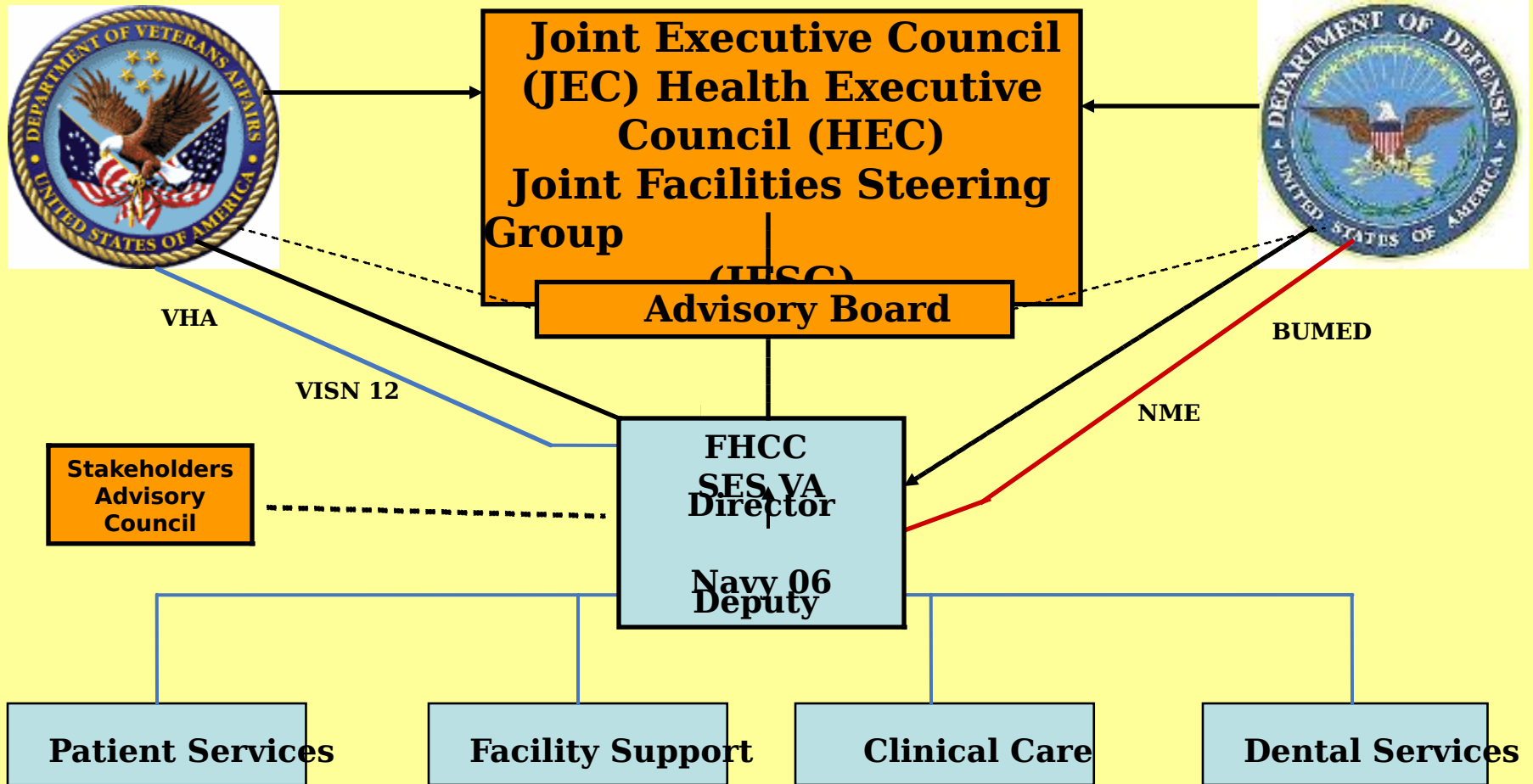


Joint Incentive Fund Projects



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- \$9M in JIF projects
 - Women's Health - \$852K
 - Mammography - \$470K
 - MRI - \$3,426K
 - Oncology - \$685K
 - Dedicated fiber optic connectivity - \$248K
 - Hospitalist - \$403K
 - PACS - \$638K
 - Project Management Support - \$1,770K
 - IM/IT Project Management - \$555K

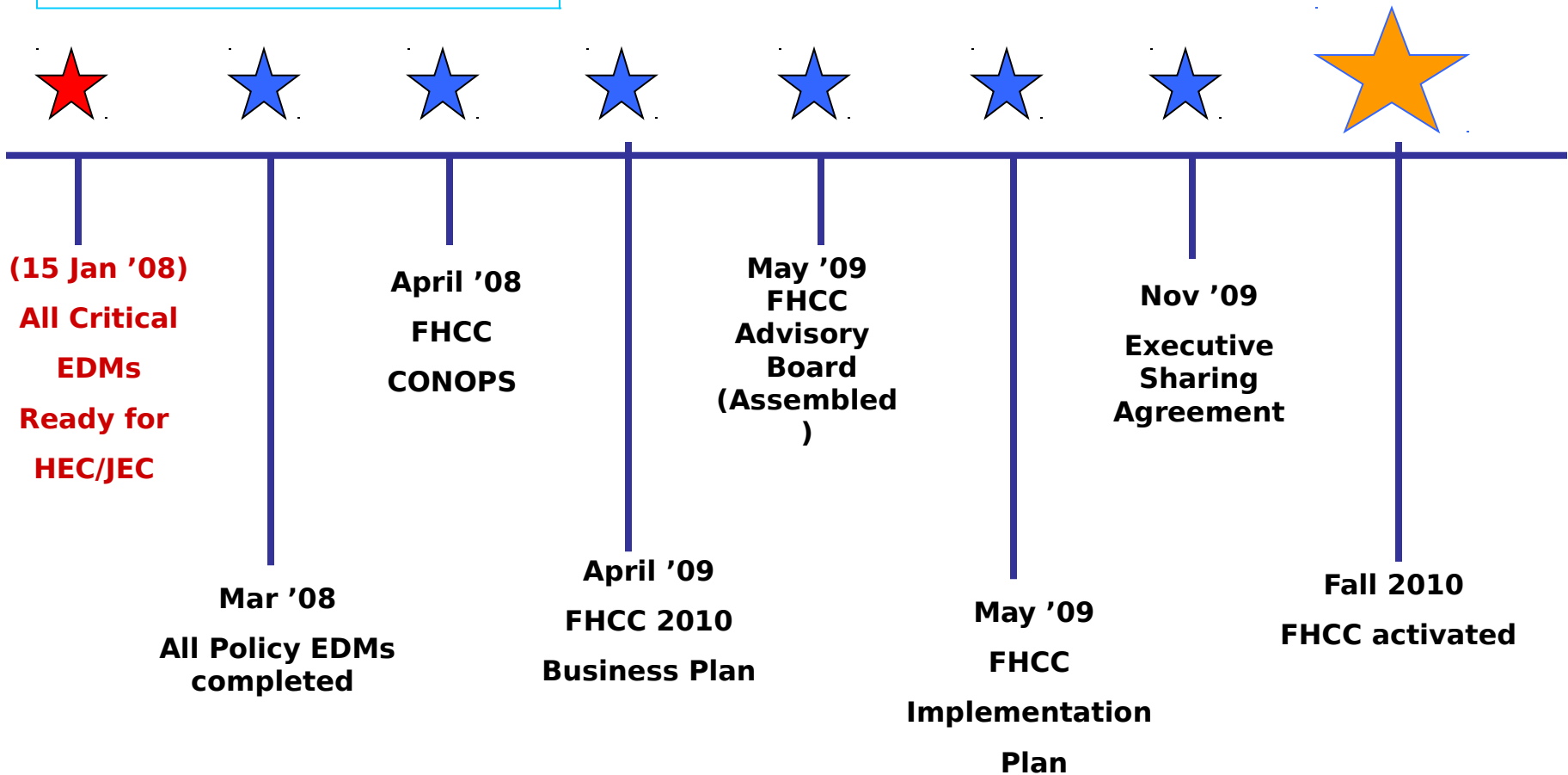
FHCC Governance



- = Management authority through Executive Sharing Agreement (ESA)
- = Operational Line of Authority
- = Communication and ESA Compliance
- = Military Reporting Relationship & Accountability

Chicago Milestones Timeline

**FHCC EDMs
Presented to JFSG**



Big Rock Issues

Issue	EDM Recommendation	Status	
Governance EDM	There will be a single Chain of Command with the VA SES director in CEO role and Navy O6 as Chief Operating Officer.	Approved July 26, 2007	
Transfer of Personnel EDM	Move all DoD civilian personnel into the VA personnel system for 2010. Will require legislation.	Pending concurrence by SECNAV	
Facilities Ownership EDM	DoD to maintain ownership of the property.	LTG awaiting recommendation for EDM	

Big Rock Issues

Issue	EDM Recommendation	Status	
Beneficiary EDM	Recommendation is to include all categories of DoD beneficiaries. May require legislation.	Fiscal review	
Pharmacy	Single Formulary, Utilization of One Prime Vendor, Single Regulatory inspections, CMOP access for DoD Civilian Provider refills at one location, and continued use of Navy Pharmacy Tech checkers at Navy Branch clinics. May require legislation.	BUMED and Health Affairs evaluate use of CMOP	
Funding	Use a JIF like funding mechanism for Facility operations. May require legislation.	Legal review At VACO and Health Affairs	
Reconciliation	Use industry standard measurements for reconciliation (RVU, RWP ALOS).	At Leadership Group level	

Big Rock Issues

Issue	EDM Recommendation	Status	
Other Health Insurance	Use the VA's collection system to collect FHCC first party and third party funds. May require legislation.	Legal review At VACO and Health Affairs	
Asset Management	Use the Asset Management system depending on the Fiscal system chosen (the fiscal system recommended is the VA Financial Management System).	At Leadership Group level	
Acquisition and Contracting	FHCC will use the Great Lakes Acquisition Center (GLAC) for purchasing and contracting in 2010.	At Leadership Group level	

Big Rock Issues

Issue	EDM Recommendation	Status	
Credentialing EDM	VA SES Director to be the privileging authority for all Medical and Dental Care at the FHCC using either CCQAS or VetPro systems.	In revision by Clinical Task Group	
Joint Incentive IM/IT Project Management JIFs	<p><u>Short Term</u>- Added to current program management contract to begin IM/IT project management.</p> <p><u>Enterprise JIF</u>- Long term \$11M to continue IM/IT Project Management. The intent of both of these is to determine IM/IT solutions for VA/DoD efforts using North Chicago as test site. Follow up solutions may require additional funds.</p>	<p>Funded</p> <p>At BUMED and VACO</p>	
Interagency IT Network	The ability of VA and Navy networks to communicate and share information across	DoD & VA	

Navy partners with North Chicago VA Medical Center

Oct 17, 2005



Great Lakes area veterans, Congressman Mark Kirk (R-Ill.), and North Chicago Mayor Leon Rockingham applaud as Deputy Secretary of Veterans Affairs Gordon Mansfield and Assistant Secretary of Defense for Health Affairs Dr. William Winkenwerder, Jr. complete the signing of a historic merger between the VA and Department of Defense. The agreement will create a new federal healthcare facility which will be the first of its kind, under joint management by the VA and DOD. Photo by FC2 Jason Mosher



**Naming Ceremony 05
October 2007**



Lessons Learned



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- Relationship between senior leaders
 - Cultural integration to begin early
 - Two Chain of Commands difficult
 - Set clear expectations on deliverables from project management
 - Earlier staff integration in clinical areas
 - Identify showstoppers early



Summary

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- Vision: We will create a federal health care center of excellence through world-class patient care, customer service, education and research.
 - Progress accomplished to date can be attributed to extensive cooperation at all levels between VA and DoD.
 - Phased approach has allowed the adaptation of cultures which has contributed to our success.
 - We have been given this opportunity to influence the future of federal health care.
 - The intent is to establish processes which can be exported.



Captain James A. Lovell Federal Health Care Center 2010



PROUD TO PARTNER



EXCELLENCE IN FEDERAL HEALTH CARE!
North Chicago VA Medical Center Naval Health Clinic Great Lakes